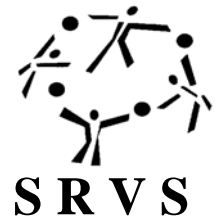


Shelby Residential & Vocational Services, Inc. (SRVS)
 3592 Knight Arnold Road
 Memphis, Tennessee 38118-2700
 (901) 869-SRVS (7787)



APPLICATION FOR EMPLOYMENT

SRVS is an equal opportunity employer. All qualified applicants will be considered without regard to age, race, color, sex, religion, national origin, marital, or veteran status or non-job related medical condition or handicap.

Date of Application	Position Applying For
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PERSONAL INFORMATION

Last Name	First	Middle Initial	Social Security Number
Street Address			Home Phone Number ()
City	State	Zip Code	Business or Message Number ()
Have you ever applied for employment with SRVS before?		If yes, please list the date(s), job title(s) and location(s)	
YES NO			
Have you ever been employed by SRVS?		If yes, please list the date(s), job title(s) and location(s).	
YES NO			
Are you over 18 years of age?		If under 18, can you furnish a work permit?	
YES NO		YES NO	
Are you on layoff and subject to recall?		Have you ever been bonded?	
YES NO		YES NO	
Are you prevented from lawfully becoming employed in this country because of visa or Immigration status?			
YES NO <i>(Proof of Citizenship or Immigration Status may be required upon employment.)</i>			
Have you ever been convicted of a felony within the last 7 years? <i>(Conviction of a crime is not an automatic barrier to employment. All circumstances will be considered including nature, seriousness of crime, date of crime and all rehabilitation efforts of the applicant.)</i>			If YES, please explain.
YES NO			

AVAILABILITY & SALARY INFORMATION

How were you referred to our agency?					
Advertisement	Employment Agency	Friend	Relative	Walk-in	Other _____
Please circle the item that best describes your availability.					Hours Available to Work
Full-Time	Part-Time	Temporary	Swing Shift	Overtime, If Requested	
On what date will you be available to begin work?					Pay Expected
Can you travel if necessary? YES NO					
Other Special Skills					
List any professional, trade, business and/or civic activities in which you participate(d), excluding any which would indicate race, color, religion, sex, or national origin.					

E D U C A T I O N A L B A C K G R O U N D

Level of Education	School Name & Location	Course of Study	Graduation? Month/Year	Degree/Diploma, License, or Certificate
High School			YES NO _____ / _____ month year	
College or University			YES NO _____ / _____ month year	
Vocational, Business, Other			YES NO _____ / _____ month year	

C O M P U T E R E X P E R I E N C E

Do You Type? YES NO **If yes, how many words do you type per minute?**

Computer Skills (Hardware/Software)

M I L I T A R Y B A C K G R O U N D

Have you served in the US Armed Forces? YES NO	Branch of Service
Period of Active duty From ____/____/____ to ____/____/____	Highest Rank Achieved
Duties and any specialized training.	Date of Final Discharge:

R E F E R E N C E S

Please give the name, address, and telephone number of three references who are not related to you and who are not previous employers.

Name	Address	Relationship?	Telephone Number
		Years Known?	
Name	Address	Relationship?	Telephone Number
		Years Known?	
Name	Address	Relationship?	Telephone Number
		Years Known?	

E M P L O Y M E N T I N F O R M A T I O N

Please give complete and accurate information, starting with the present or most recent job. Include full-time or part-time employment, military service assignments and volunteer activities. EXCLUDE any organization names, which indicate race, color, religion, sex or national origin.

1	Employed From	Employer Name	Supervisor Name	Starting Salary
	____/____/____			
	Employed Until	Employer Address	Supervisor Phone Number	Ending Salary
	____/____/____			
	Job Title	Reason for Leaving		May we Contact? YES NO
Duties & Responsibilities				
2	Employed From	Employer Name	Supervisor Name	Starting Salary
	____/____/____			
	Employed Until	Employer Address	Supervisor Phone Number	Ending Salary
	____/____/____			
	Job Title	Reason for Leaving		May we Contact? YES NO
Duties & Responsibilities				
3	Employed From	Employer Name	Supervisor Name	Starting Salary
	____/____/____			
	Employed Until	Employer Address	Supervisor Phone Number	Ending Salary
	____/____/____			
	Job Title	Reason for Leaving		May we Contact? YES NO
Duties & Responsibilities				
4	Employed From	Employer Name	Supervisor Name	Starting Salary
	____/____/____			
	Employed Until	Employer Address	Supervisor Phone Number	Ending Salary
	____/____/____			
	Job Title	Reason for Leaving		May we Contact? YES NO
Duties & Responsibilities				

EMPLOYERS LISTED ABOVE WILL BE CONTACTED UNLESS INDICATED OTHERWISE.

V E R I F I C A T I O N O F I N F O R M A T I O N

1. **Certification of Truthfulness:** I certify that all information on this application is both truthful and complete. I understand and agree that the information may be investigated, and that if any of it is found to be false, misleading or incomplete, I may not be hired or my employment may be terminated by Shelby Residential & Vocational Services, Inc. (SRVS), regardless of time elapsed after discovery.

2. **Consent to Drug Tests:** I consent to take a pre-employment drug test and such future tests as may be required. I understand that any offer of employment given to me is contingent upon a negative result on my pre-employment drug screening. I also understand that SRVS absolutely prohibits illegal drug use both on and off the job, since off the job use may have an effect on job performance and safety, and that illegal drug use at any time may result in immediate termination of employment.

3. **Terms and Conditions of Employment:** If I am hired, I agree to comply with the rules and policies of SRVS, including any changes that may be made from time to time. I also agree to abide by the laws and regulations of any authorized government or government agency pertaining to my employment. Employment with SRVS is for no definite term, and may be terminated at any time by either myself or SRVS. I understand that no agent or representative of SRVS, except the Executive Director, has any authority to make any express or implied agreement contrary to the foregoing. Any agreement made by the Executive Director must be in writing.

4. **Authorization for Release of Information:** I authorize the references listed on this application, educational institutions, former employers, law enforcement agencies and other persons having information about me and my suitability for employment with SRVS to provide SRVS with any and pertinent information they may have, including records of disciplinary action, reasons for terminations and information of a personal nature. I release all parties from all liability for any damages that may result from furnishing such information. I hereby waive written notice that employment information is being provided by any person or organization.

5. **I, the undersigned applicant, certify and affirm that, to the best of my knowledge and belief;** I have _____ or have not _____ (as applicable) had a case of abuse, neglect, mistreatment or exploitation substantiated against me. As a condition of submitting this application and in order to verify this affirmation I further release and authorized Shelby Residential & Vocational Services, Inc. and the Tennessee Division of Mental Retardation Services to have full and complete access to any and all current or prior personal or investigative records, from any party, person, business or agency, as pertains to any allegations against me of abuse, neglect or mistreatment and to consider this information as may be deemed appropriate.

I hereby acknowledge that I have read and agree to the above statements and have properly stated the data in #5.

Applicant's Signature

Date



R E F E R E N C E C H E C K

Name/Contact	Telephone Number	Results

Employer believes that the information solicited in this application for employment is in full compliance with all federal and state equal employment laws and with the Fair Credit Reporting Act. We assume no responsibility for the applicant's inclusion of any questions, which may violate federal, state, or local laws.